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**\*BIBDATASHEET\***

CONFIRMATION NO. 9860

Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/053,351 | <b>FILING OR 371(c)<br/>DATE</b><br>01/15/2002<br><b>RULE</b> | <b>CLASS</b><br>379 | <b>GROUP ART UNIT</b><br>2614 | <b>ATTORNEY<br/>DOCKET NO.</b><br>1796.1006C2 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

David D. Goodman, Arlington, VA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/639,130 08/15/2000 ABN which is a CON of 09/113,526 07/10/1998 PAT 6,192,399

which is a CON of PCT/US98/11197 06/01/1998

and claims benefit of 60/052,225 07/11/1997

and claims benefit of 60/052,301 07/11/1997

and claims benefit of 60/056,458 08/21/1997

and claims benefit of 60/067,854 12/05/1997

and claims benefit of 60/074,078 02/09/1998

and claims benefit of 60/079,304 03/25/1998

and claims benefit of 60/079,305 03/25/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 02/13/2002

|  |                                   |                                 |                               |                                    |
|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>VA | <b>SHEETS<br/>DRAWING</b><br>39 | <b>TOTAL<br/>CLAIMS</b><br>59 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                 |                               |                                    |
| Verified and Acknowledged  | Examiner's Signature              | Initials                        |                               |                                    |

**ADDRESS**

61275

**TITLE**

TWISTED PAIR COMMUNICATION SYSTEM

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>828 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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